

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

PEDRO CASTILLO,

Petitioner,

DECLARATION

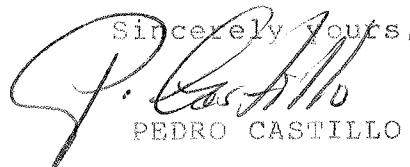
&7:21-cv-11109-[PMH]

-against-

C.O. R.C. SNEDEKER; H.O. HENLEY;
Dir. VENETTOZZI, for S.H.U.
Defendants.

Pedro Castillo being duly sworn affirms and declares that:

1. I am the petitioner in the above entitled matter and as such am fully familiar with the facts and circumstances of this case.
2. Pursuant to the last court order, which directed this petitioner to serve each defendant certified/ return receipt, has been completed. I am enclosing copies of each certified mailing, as proof that I attempted and tried to serve each defendant as required by court order.
3. Please take notice that the only certified mailing that has not come back is that for C.O. R.C. Snedeker. It is unknown at this time what other address that C.O. Snedeker can be served at, as petitioner has no other known address for that defendant other than the GreenHaven C.F. address.
4. Petitioner respectfully asks this court to allow the case to proceed to trial, and any other further relief this court may deem proper, including any other court direction.

Sincerely yours,

PEDRO CASTILLO

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DISBURSEMENT OR REFUND REQUESTB-4-55
CELL LOCATIONNAME Pedro RosilloDATE 11-1-2220 22CODE TYPE

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INCARCERATED INDIVIDUAL
NUMBER

9 3 A 1 3 9 3

"SHORT NAME"

P E Z S

FIRST INITIAL
FIRST 3 OF LAST NAMECOMMISSARY PRODUCT GROUP

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CHECK/ORDER NUMBER

--	--	--	--	--	--

RIGHT ADJUSTED WITH LEADING ZEROS

(7.25)

AMOUNT \$

--	--	--	--	--	--

SENT TO CODE
(SEE TABLE B-6)

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ITEM
DESCRIPTION

Legal mail for R.R.

LAST NAME	FIRST NAME	MI	SUFF
<u>HENLEY Comm. Hearing Officer</u>			
ADDRESS	APT. NO.		
<u>STATE OFFICE Campus, Bldg. #2</u>			
CITY	STATE	ZIP CODE	
<u>1220 Washington Avenue, Albany, N.Y. 12226</u>			

APPROVED

(SOURCE AREA)

DATE

APPROVED

(BUSINESS OFFICE)

DATE

I HEREBY ACKNOWLEDGE EXPENDITURE
OF THE AMOUNT TO BE DEDUCTED FROM
MY INCARCERATED INDIVIDUAL ACCOUNT.

FORM 2706 (05/21)

Original - Business Office

Yellow - Approving Office

Pink - Incarcerated Individual

(INCARCERATED INDIVIDUAL SIGNATURE)

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Comm. Hearing Officer Henley
State Office Campus, Bldg. #2
1220 Washington Avenue
Albany, N.Y. 12226



9590 9402 7486 2055 3751 50

2. Article Number (Transfer from service label)

7020 1810 0000 2068 4067

PS Form 3811, July 2020 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PB

Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

RECEIVED

NOV 08 2022

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Collect on Delivery
 Collect on Delivery Restricted Delivery
 Insured Mail
 Insured Mail Restricted Delivery (over \$500)

Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Signature Confirmation™
 Signature Confirmation Restricted Delivery

Domestic Return Receipt

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

DISBURSEMENT OR REFUND REQUEST

1102-V-555
CELL LOCATIONNAME Mo Pedro PastilloDATE 11-1-2220 22

CODE TYPE

INMATE NUMBER

9 3 7 1 1 3 9 3

"SHORT NAME"

Pedro

COMMISSARY PRODUCT GROUP

CHECK/ORDER NUMBER

RIGHT ADJUSTED WITH LEADING ZEROS

AMOUNT \$

X X X . . .

SENT TO CODE
(SEE TABLE B-6)

ITEM
DESCRIPTION

Legal Mail Off

LAST NAME	FIRST NAME	MI	SUFF
<u>Venetozzi</u>	<u>D.</u>		
ADDRESS			APT. NO.
<u>State Office Campus</u>	<u>Blg. #2</u>		
CITY		STATE	ZIP CODE
<u>1220 Washington Avenue</u>	<u>Albany, N.Y.</u>	<u>12226</u>	

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
AMOUNT TO BE DEDUCTED FROM MY INMATE
ACCOUNT.

APPROVED

(SOURCE AREA)

DATE

APPROVED

(BUSINESS OFFICE)

DATE

(INMATE SIGNATURE)

FORM 2706 (7/11)

Original - Business Office

Yellow - Approving Office

Pink - Inmate

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece or on the front if space permits.

1. Article Addressed to:
D. Venetozzi, Dir. of S.H.U.
 State office Campus Bldg. #2
 1220 Washington Avenue
 Albany, N.Y. 12226



9590 9402 7409 2055 9376 56

2. Article Number (Transfer from service label)

2022 0410 0003 1594 1702

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

PB

 Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

NOV 04 2022

Mailroom

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Collect on Delivery Restricted Delivery	
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

PS Form 3811, July 2020 PSN 7530-02-000-9053

Domestic Return Receipt

STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
 DISBURSEMENT OR REFUND REQUEST
 CELL LOCATION

TO J-55
B-Y-55DATE 11-1-22
2022

NAME	Pedro Castillo
CODE TYPE	

INMATE NUMBER	9301393
"SHORT NAME"	P.C. 25

COMMISSARY PRODUCT GROUP	<input type="checkbox"/> Post Office
SENT TO CODE (SEE TABLE B-6)	<input type="checkbox"/> No Charge

CHECK/ORDER NUMBER

RIGHT ADJUSTED WITH LEADING ZEROS

AMOUNT \$	X X X X
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Use 6 stamps
 free

ITEM DESCRIPTION	Legal mail
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ITEM DESCRIPTION	
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LAST NAME	Snedeker
FIRST NAME	R. C.
ADDRESS	P.O. Box 4000
CITY	Shorville
STATE	NY
ZIP CODE	12582

I HEREBY ACKNOWLEDGE EXPENDITURE OF THE
 AMOUNT TO BE DEDUCTED FROM MY INMATE
 ACCOUNT.

APPROVED (SOURCE AREA)	<input type="checkbox"/> Pedro Castillo
DATE	11-1-22
APPROVED (BUSINESS OFFICE)	<input type="checkbox"/> Pedro Castillo
DATE	11-1-22

FORM 2706 (7/11)

Original - Business Office Yellow - Approving Office Pink - Inmate

(INMATE SIGNATURE)

SING SING CORRECTIONAL FACILITY
354 HUNTER STREET
OSSINING, NEW YORK 10562

NAME: John Smith DIN: 93A1393

WESTCHESTER NY 105

1 DEC 2022 PM 4 L

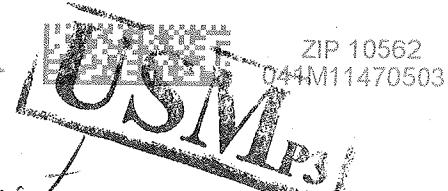
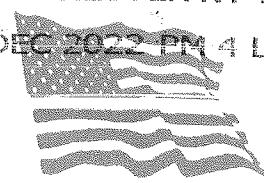
quadient

FIRST-CLASS MAIL

12/01/2022

US POSTAGE

\$000.57⁰⁰



ZIP 10562
044M11470503

To: Clerk of the Court
U.S. District Court
Southern District of N.Y.
Moynihan U.S. Courthouse
500 Pearl Street

10007-130098

10007-130098

New York, N.Y. 10007-1300